

Submit Report to: **Eastgate Public Health Center, EH**
14350 SE Eastgate Way, Bellevue WA 98007

MONTHLY WASTEWATER PUMPING REPORT

Public Health
Seattle & King County

Company Name_____ **Month and Year**_____

[illegible]

◆ **Certificated Pumper Must Sign:**

I certify, to the best of my knowledge, that the above information is true, accurate and complete.

Signature